U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	<del></del>					
1. File Number U - /23/2	2. F	scal Year Covered	From:			
1 1 -		1 / 1	/ 2004	Through:	12 / 31	/ 2004
3. Name and address of person filing.	4.1	ame, file number,	and address of	f labor organ	ization.	
Name Henry L Ruff		ame Amalgama	ited Trans	it Union	Local 10	28
	L	ibor Organization I	File Number	530-402		
P.O. Box, Bldg., Room No., if any	F	O. Box, Building a	inc Room Num	nber, if any		
		<b>.</b>				
Street 4617 West 175th Place		reet 50 West	Oakton St	reet		
City Country Club Hills	C	<b>ty</b> Des Plai	nes			
State Illinois ZIF	Code + 4 60478-4530	tate Illinois	3		ZIP Code + 4	60018-1833
5. Position in labor organization. Vice Presi	dent					
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Enter appropriate data below if, during the pa	st fiscal year, you or your spouse of except as specified in the exclusion	set forth in the ins	rauctions):	nad any of t	the following is	urelezrz
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Name of Person Filing Henry Ruff	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Dowd, Bloch & Bennett X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 8 South Michigan Avenue-19th Floor Chicago ZIP Code - 4 60603-3315 State Illinois 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Attorney of Labor Union Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street \$17,284 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. Christmas can of Popcorn ZIP Code + 4 State \$27 12.b. Amount.

C. Received from any employer (o or from any labor relations consultant t	ther than an employer covered o an employer any payment of m	under parts A and B above) oney or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payroxent.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.